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ABSTRACT

About 1.5 million uninsured children in California are eligible for Medi-Cal or Healthy Families, the state's primary public health insurance programs for children. The Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides a natural entry point for reaching these eligible families. This briefing report was written for WIC specialists, health professionals, agency officials, and policymakers to provide a road map of policy strategies for increasing health insurance outreach and enrollment activities through WIC sites. The report includes a brief review of the WIC, Medi-Cal, and Healthy Families programs, and a look at the data available on the health insurance status of children enrolled in WIC. The report also presents an examination of WIC's current health insurance outreach and enrollment activities, including a look at some California best practices and models elsewhere in the nation. This framework is followed by an analysis of some of the challenges involved with strengthening California WIC's linkage to health care, and recommendations for moving forward. (EV)

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WIC: A Door to Health Care *for* California's Children

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WIC
A DOOR TO HEALTH CARE
FOR CALIFORNIA'S CHILDREN

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In California, 1.5 million uninsured children are eligible for but unenrolled in Medi-Cal and Healthy Families, California's primary children's health insurance programs. A simple solution for reaching these children is to go straight to where they are. The Supplemental Nutrition Program for Women, Infants and Children (WIC) is one of those places.

With income eligibility guidelines lower than those of Medi-Cal and Healthy Families and a mission to improve the nutritional health of pregnant women and children, WIC is a natural entry point for identifying and enrolling uninsured but eligible children. This report provides a roadmap for making this connection work more effectively, providing a picture of WIC agencies' current activities and making recommendations for further action.

THE CURRENT LANDSCAPE

- 50 percent of all infants and children and 49 percent of women enrolled in California's WIC program do not have Medi-Cal coverage, although virtually all of them are eligible.
- Roughly 30 percent of California's uninsured children are in families enrolled in WIC.

The level at which WIC staff undertake health insurance outreach and enrollment varies by agency. A survey of California's 81 local WIC agencies (with a 69 percent response rate) conducted by The Children's Partnership and the California WIC Association revealed:

- **Education and Referrals:** Most, if not all, local WIC agencies are distributing flyers and brochures to their clients on children's health insurance programs, however, few agencies hand out the joint mail-in Medi-Cal and Healthy Families application. Most WIC agencies also attempt to refer clients to places where they can obtain health services, such as the local welfare office, but time constraints tend to limit the effectiveness of the referrals. Many simply hand the applicant a written list of resources without providing any verbal explanation. In addition, only a few WIC agencies have incorporated information about health insurance and how to access health services into their schedule of education classes.
- **On-site Enrollment Assistance:** Fewer than a third of the WIC agencies reported using outstationed Eligibility Workers (EWs) or Certified Application Assistors (CAAs) to facilitate enrollment in Medi-Cal and Healthy Families. Resources and space issues are the primary reasons sites do not have assistance available to clients. Those WIC agencies that are conducting extensive outreach and on-site enrollment activities tend to have outside funding or other designated resources available.

WIC agencies also have concerns about certain barriers to conducting health insurance outreach and enrollment activities. These include the complicated nature of the Medi-Cal and Healthy Families enrollment process, immigrant clients' continued fears about public charge, limitations of staff time and financial resources, and the possible dilution of WIC's fundamental charge.

OPPORTUNITIES FOR ACTION

The following recommendations, divided into a minimum (WIC Basic) and an optimal (WIC Plus) health recruitment program, provide a spectrum of strategies and tools required to increase WIC's involvement in health insurance outreach and enrollment. These recommendations were developed with an understanding that local WIC programs vary in their ability to perform even the most basic tasks. We believe, however, that an array of funding resources can be tapped to assist these efforts. They include state and county outreach grants, tobacco settlement funds, Proposition 10 monies, the state budget surplus, and private and corporate health foundation funding.

GETTING TO WIC BASIC: TRAINING, EDUCATION AND REFERRAL

Every WIC agency should have trained staff who can educate clients, and simply and efficiently refer them to obtain health coverage.

1. **Training.** The state should provide WIC staff with basic training on the importance of preventive health care and insurance, how the current health insurance system in California works and how to effectively refer clients.
2. **Education.** The state should develop a health insurance outreach and enrollment toolkit, class curriculum and video on the importance of health insurance to ensure WIC sites can provide effective and appropriate education to clients.
3. **Referral.** The state should develop a streamlined referral process to assist WIC sites and staff. This referral process should include incorporating a screening tool into the WIC eligibility process to identify uninsured children and an automatic system for sending contact information on interested families directly to Medi-Cal and Healthy Families or Eligibility Workers/Certified Application Assistors for follow up.

GETTING TO WIC PLUS: ON-SITE AND STREAMLINED ASSISTANCE

The WIC and health insurance partnership will be most effective when WIC sites can go beyond WIC Basic and can have streamlined health insurance enrollment assistance on-site. However, relatively few WIC agencies or sites can achieve this because of a lack of resources and staffing. State and federal actions should be carried out to enable this to happen.

1. **Outstationed Eligibility Workers (EW).** The state should increase the ability of WIC agencies to have EWs stationed on-site to assist families by designating WIC as a priority site for placement and providing funding to cover health insurance outreach and enrollment expenses. In addition, to ensure that outstationed EWs are available for WIC sites, state funding should be increased to support more workers.
2. **Certified Application Assistors (CAAs).** The state should increase WIC sites' involvement with CAAs by including fiscal incentives in state and county outreach contracts for grantees collaborating with WIC, providing funding for WIC staff to be trained as CAAs and allocating outreach grants directly to WIC agencies.
3. **A Streamlined Enrollment Process.** The state should expedite the Medi-Cal and Healthy Families application process for children already enrolled in WIC by implementing Express Lane Eligibility and/or allowing WIC sites to make Presumptive Eligibility determinations for children.
4. **A WIC Health Care Specialist.** The state should provide supplemental funding to the WIC budget to provide agencies with a trained Health Care Specialist, who could either be placed full-time at one site or rotate among a number of sites.
5. **A Streamlined Medi-Cal/Healthy Families Process.** The state should implement streamlining measures to ensure that Medi-Cal and Healthy Families work more efficiently for families, including eliminating the assets test for parents, ensuring applications are processed in a timely and efficient manner, and eliminating unnecessary documentation requirements.
6. **A Federal Grant Program.** Federal authorities should establish a new federal grant program that would provide funds to WIC agencies to increase the level of Medicaid and CHIP enrollment among WIC clients.

INTRODUCTION AND OVERVIEW

Over 2 million of California's children are uninsured and do not receive the regular and preventive medical care they need to grow up healthy and strong.[1] However, about 1.5 million of these uninsured children are eligible for Medi-Cal or Healthy Families, the state's primary public health insurance programs for children.[2]

Reaching these children requires finding natural entry points — one of which is the Supplemental Nutrition Program for Women, Infants and Children (WIC). Based in 81 agencies throughout California, WIC serves low-income children whose family incomes fall within the Medi-Cal and Healthy Families income levels. In addition, WIC's mission to improve the nutritional health of pregnant women and children includes promoting ongoing healthcare, and thus is complementary to the goal of providing health insurance to families.

The connection between WIC and Medicaid is federally recognized. Federal regulations stipulate that the WIC program must provide written information to all WIC participants on various social service programs, including Medi-Cal (Medicaid nationally), and refer participants who are likely eligible but not enrolled in Medi-Cal to the appropriate agency.[3] In addition, WIC applicants who are already receiving Medi-Cal are automatically income-eligible for WIC.[4]

Nevertheless, 50 percent of all infants and children enrolled in WIC in California do not have Medi-Cal coverage.[5] And roughly 30 percent of all low-income uninsured children in California are in families enrolled in WIC.[6]

ABOUT THIS REPORT

The California WIC Association contracted with The Children's Partnership to analyze and develop strategies for making the WIC and Medi-Cal/Healthy Families connection work more effectively and thereby increase the number of insured WIC-enrolled children. This briefing report is the result of this process. It is written for WIC specialists, health professionals, agency officials and policymakers, to provide a roadmap of policy strategies for increasing health insurance outreach and enrollment activities through WIC sites.

The research for this report was carried out between December 1999 and June 2000 and builds upon the expertise of The Children's Partnership, the California WIC Association and the project's advisors. The process included analyzing data, surveying WIC agencies, conducting interviews with key sources and reviewing useful materials already written on the subject.

While this report is specifically focused on children and their access to Medi-Cal and Healthy Families, we hope its findings can also be utilized to inform the development of health insurance outreach and enrollment strategies for other family members.[7] In addition, we believe that the same findings and strategies included in this report could be applied to other programs with a public health charge and large numbers of uninsured children, such as Head Start.

This report includes a brief review of the WIC, Medi-Cal and Healthy Families programs, a look at the data available on the health insurance status of children enrolled in WIC, and an examination of WIC's current health insurance outreach and enrollment activities, including a look at some California best practices and models elsewhere in the nation. This framework leads directly to an analysis of some of the challenges involved with strengthening California WIC's linkage to health care, and recommendations for moving forward.

THE WIC PROGRAM

WIC is a federally funded[10] food and nutrition education program for low-income and nutritionally at-risk pregnant, breastfeeding, and postpartum women, and children under age 5.[11] Eligible households must have annual incomes at or below 185 percent of the federal poverty level (FPL); $31,543 for a four-person family in 2000.[12] Nutritional risk is indicated by such factors as low weight, obesity, anemia or an inadequate dietary pattern.

There are 7.2 million WIC participants nationwide, 77% of whom are infants and children.[8]

45% of all infants born in the United States are served by WIC.[9]

The purpose of WIC is to improve the health of participants during critical times of growth and development. WIC provides participants with nutrition screening and counseling, breastfeeding support, and referrals for health care, and social and community services. Families also receive a check or voucher for nutritious food items that can be obtained at local grocery stores.[13] The value of the vouchers depends on the participant but averages $32 per person per month.[14]

The US Department of Agriculture administers WIC through seven regional Food and Nutrition Service offices and 88 state and tribal WIC agencies, including the Department of Health Services in California.[16] California has the largest number of WIC clients in the nation, with 81 local WIC agencies providing services to 1.21 million participants in all 58 California counties.[17] California's WIC budget for Fiscal Year 1999-2000 was over $900 million, with no supplemental funding from the state.

There are 1.2 million WIC participants in California, 77% of whom are infants and children.[15]

About half (40) of the WIC agencies in California are located in local public health departments; the other half (41) are private, nonprofit providers. The agencies operate over 650 individual WIC sites, with site locations ranging from health clinics, to stand-alone storefronts, to community centers. The WIC agencies vary greatly in size, with the largest agency serving an average caseload of 300,000 clients and the smallest under 100 clients (see Table 1).

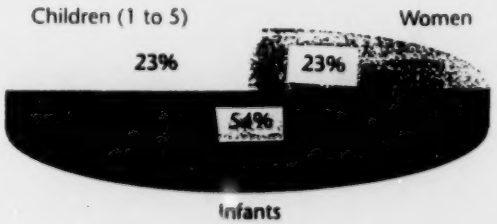
TABLE 1
California WIC Agencies, by Caseload

Number of Clients	Percentage of Agencies
Over 50,000	7
20,000 - 49,999	12
10,000 - 19,999	19
5,000 - 9,999	17
1,000 - 4,999	36
Under 1,000	9

Source: California Department of Health Services, WIC Branch, September 1999 Enrollees.

The majority (77 percent) of clients served by WIC are infants and children (see Graph 1). By ethnicity, most enrollees in WIC are Latino (70 percent), followed by whites at 14 percent, African- Americans at 9 percent, Asian/Pacific-Americans at 6 percent and Native Americans at less than 1 percent.[8]

GRAPH 1
California WIC Participants, by Age



Source: California Department of Health Services, WIC Branch, September 1999 Enrollees.

WIC has no written application for clients to complete. Eligibility questions are asked of the family on-site and the answers are entered directly into a state-run mainframe-based system, called the Integrated Statewide Information System (ISIS). Applicants are required to provide

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documentation, including proof of income, state residency and pregnancy (if applicable). In addition, since family members who participate in Food Stamps, Medi-Cal or CalWORKS automatically meet WIC's income requirements, they may show proof of enrollment in lieu of income documentation.[19]

Applicants are also screened for being nutritionally at-risk.[20] As part of this nutritional assessment, clients are asked a set of questions about their recent diet and eating habits, and given advice based on their individual circumstances. In California, clients determined to be "high risk" are usually referred to an on-site Registered Dietitian (or other qualified professional) for individual counseling. Such participants include pregnant women with histories of low birth weight babies or infants born to women with histories of alcohol or drug abuse.

Clients have a number of contacts with the WIC site after their initial visit since they are required to pick up their food vouchers in person, generally every month or two. During these visits, clients also usually attend nutrition and health education classes.[21] In California participants receive WIC benefits for 6-month intervals, at which time they must again provide proof of eligibility.[22] Nationally, the average period of WIC enrollment is 13 months.[23]

NEW OPPORTUNITIES IN HEALTH INSURANCE: MEDI-CAL & HEALTHY FAMILIES

California has a patchwork of programs that provide health insurance and preventive care to its children. (See Appendix B for an overview of California's child health insurance programs.) The primary source of care for low-income families is the Medi-Cal program which currently provides health coverage to over 2 million children.[24]

In 1997 Congress ushered in a new era in health insurance when it established the Children's Health Insurance Program (CHIP) and provided funds to states to increase children's access to health insurance. California utilized CHIP to expand its Medi-Cal program for older children and created Healthy Families, a health insurance program for children who do not qualify for Medi-Cal. Today, about 70 percent of California's uninsured children are eligible for either Medi-Cal or Healthy Families.[25]

Medi-Cal and Healthy Families provide coverage to children who are citizens or certain "qualified aliens" and have family incomes up to 250 percent of the FPL. Both programs provide comprehensive health coverage to children, including vision and dental services, although Healthy Families charges monthly premiums and co-payments for some preventive services. In addition, children eligible for Healthy Families must be uninsured for the prior 3 months unless certain exceptions apply.

In addition to expanding eligibility, California made it easier for families to enroll their children into the programs by implementing the following strategies:

- **A Joint Mail-In Application.** California implemented a new 4-page joint mail-in application for Medi-Cal and Healthy Families, no longer requiring families to go to the local welfare office to enroll their children in the health insurance programs. The form can be used to enroll children in Medi-Cal or Healthy Families, pregnant women in Medi-Cal, or undocumented pregnant women and children in restricted Medi-Cal.[26]
- **Application Assistors.** The state implemented a system that provides families with local community assistance in filling out the joint application. Almost 2,000 Certified Application Assistors (CAAs), usually affiliated with a community-based organization or a health clinic, can now assist applicants. The state reimburses the CAAs with $50 per successful application.
- **Statewide Outreach Campaign.** California implemented a multi-million dollar outreach campaign for Medi-Cal and Healthy Families. Activities include advertising, the CAA payments discussed above, and outreach contracts to community groups. Among the groups receiving 1999/2000 outreach contracts were 12 local WIC agencies or their parent agencies.

WIC'S UNINSURED BUT ELIGIBLE CHILDREN

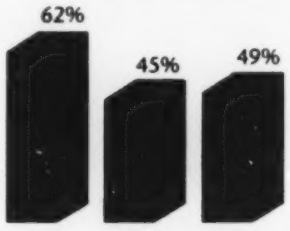
All families applying for WIC are asked whether they have Medi-Cal coverage. An indeterminate but small percentage of WIC clients may have private health insurance or Healthy Families, but this information is not requested at the time of intake.

In September 1999, 50 percent (563,549) of all infants and children on WIC reported having no Medi-Cal coverage.[27] When broken down by age, 62 percent of infants and 45 percent of children ages 1 to 5 on WIC had no Medi-Cal. In addition, 49 percent of women enrolled in WIC at this time did not have Medi-Cal coverage.[28] (See Graph 2 and Appendix D.)

Twenty-five percent of WIC agencies in California have higher rates of infants and children without Medi-Cal than the 50 percent average rate for all WIC agencies. Of these agencies, the majority (60 percent) are located in Southern California; however, the caseload size of the agencies differs significantly. (See Appendix C for a list of WIC sites ranked by rate of infants and children without Medi-Cal.)

As a whole, agencies in Southern California have a higher rate of infants and children without Medi-Cal coverage (54 percent) versus those in the central and northern areas (40 and 43 percent, respectively). In Los Angeles County alone, 53 percent of infants and children enrolled at WIC agencies do not have Medi-Cal coverage. (See Appendix D for a list of WIC enrollees without Medi-Cal by geographic area.)

GRAPH 2
California WIC Enrollees without Medi-Cal, by Percent



Source: California Department of Health Services, WIC Branch, September 1999 Enrollees.

WIC serves families with incomes at or below 185 percent of the FPL, and Medi-Cal and Healthy Families serve families with incomes at or below 250 percent of the FPL. As a result, virtually all WIC children not enrolled in Medi-Cal are income-eligible for the health programs.

A distinct difference in eligibility requirements is that Medi-Cal and Healthy Families require applicants to be US citizens, Legal Permanent Residents or to meet certain other immigrant categories, while WIC does not have citizenship or permanent residency requirements.[29] Although statistics are not available on the immigration status of California's WIC participants, only about 16 percent of all WIC clients, including women, are foreign-born.[30] Given the young age of the children eligible for WIC (infants and those up to 5 years of age), only in very rare cases would they not be U.S.-born. Those who are undocumented are eligible for restricted Medi-Cal that covers emergency and pregnancy-related services.

All of the infants and most of the children enrolled in WIC are potentially eligible for Medi-Cal versus Healthy Families because Medi-Cal provides coverage to all infants with family incomes below 200 percent of the FPL and children ages 1 to 6 with family incomes up to 133 percent of the FPL. A small number of the children enrolled in WIC with family incomes above 133 percent of the FPL may be eligible for Healthy Families, depending on their current insurance status.

A national survey of families conducted by The Urban Institute confirms that a significant number of uninsured children in California are in WIC. According to the estimates, 30 percent of California's uninsured children are in families enrolled in WIC.[31]

The children's family members may also be eligible for health insurance. Many of the pregnant women in WIC are eligible for full-scope Medi-Cal (for those with incomes up to 200 percent of the FPL) or, for undocumented pregnant women, restricted Medi-Cal. Moreover, older siblings and fathers could be eligible for other health programs or free or low-cost health insurance programs.

CURRENT EFFORTS TO REACH WIC'S UNINSURED CLIENTS

The Department of Health Services (DHS) has undertaken activities to reach WIC-enrolled children, such as making sure local agencies have promotional Medi-Cal and Healthy Families materials or encouraging WIC staff to attend Certified Application Assistor (CAA) training.

The most comprehensive effort was in December 1998 when a letter was sent to all WIC participants not on Medi-Cal informing them that they could enroll in Medi-Cal or Healthy Families at their local WIC site. The response rate and enrollment results were low, however, since the mailing occurred before local programs had time to put systems for assisting clients in place. Families arrived at some sites with the state's letter in hand but WIC staff were unfamiliar with it and were unable to assist them.

The California WIC Branch has encouraged WIC agencies to become involved in Medi-Cal and Healthy Families outreach activities, but because of the different levels of interest and resources available to agencies, the scope of activities has varied. The Children's Partnership and the California WIC Association surveyed all 81 WIC agencies and conducted interviews and site visits with various organizations to determine the current level of activity. Sixty-nine percent of the agencies responded to the survey. The results show that:

- **Most, if not all, agencies are distributing flyers and brochures to promote awareness of the programs.** Most agencies have developed a packet of general outreach information for clients when they apply to WIC. The packet usually includes either a separate Medi-Cal or Healthy Families brochure or flyer, or information on those programs is listed in a brochure that describes a range of available services. The most common brochure is titled "Can We Help?" which was developed by the WIC agency Public Health Foundation Enterprises, Inc. in Los Angeles but has since been adapted by other local WIC agencies. The information in the brochures or flyers usually includes a local number or place where the family can call or visit to apply for coverage. In many cases, local welfare offices, where families can apply in-person for Medi-Cal, are listed. Some sites have also incorporated information about local community Certified Application Assistors (CAAs).

- **Referrals are done by most agencies, but type and scope depend on staff time and resources.** As noted above, the agencies usually include referral information in the brochures or flyers that the sites provide to the WIC clients. However, whether a client is handed the information or it is verbally discussed with them depends on staff time, resources and other special circumstances. WIC staff stated that they try to briefly explain the programs to the clients, especially if they are not on Medi-Cal; however, they do not always have the time, especially if they need to conduct domestic violence or substance abuse counseling. In addition, except for those agencies with additional funding, WIC agencies in general do not follow up with clients to determine whether they have accessed the services to which they were referred.

- **Only a small number of agencies reported handing out the joint mail-in application form.** Most agencies reported only receiving supplies of the joint mail-in application when it was initially released. When they ran out, some agencies reported they did not know how to obtain additional copies. Some sites are confused about what the joint mail-in application is, believing it can only be used to enroll children in Healthy Families and not Medi-Cal, let alone pregnant women in Medi-Cal or restricted Medi-Cal for undocumented women and children.

- **Only a few agencies reported offering classes on health insurance and how to access health services.** California WIC clients are urged to attend at least one education class

every 3 months. Very few agencies reported holding a class on health insurance coverage. Agencies reported that there are so many nutrition and parent education topics to cover that it is difficult to devote a class to health insurance. Some agencies reported that they allowed community outreach workers or CAAs to make a short presentation at some classes on the programs. Clients then have the opportunity to ask questions individually and may receive assistance completing the application on-site or at another location.

- **Less than a third of the agencies reported using Certified Application Assistors to facilitate enrollment.** When the joint mail-in application was implemented, some agencies contacted, or were contacted by, community organizations to have CAAs assist clients with the application. The presence of CAAs at sites varies from once a month to 5 times a week. Agencies that coordinate with only one to two organizations seemed satisfied with the CAAs' enrollment efforts. Others working with CAAs from various organizations were less pleased due to a lack of coordination and supervision among the affiliated organizations.

- **One out of four agencies have county Eligibility Workers at their sites to conduct Medi-Cal outreach and enrollment.** County Eligibility Workers (EWs) assist families with enrolling in Medi-Cal. Forty-six counties in California outstation some of these workers in the community to more easily reach and assist consumers in applying to Medi-Cal, mainly at traditional sites such as clinics and hospitals.[32]

  To request an EW, the director of the local WIC agency must contact the county's Department of Public Social Services for a site evaluation. Whether a site obtains an EW will depend on the county's current staffing and the estimated number of clients the WIC site can serve, since all eligibility workers must meet minimum productivity standards.[33] In general, the county will ask the site to provide office space (preferably with privacy), a desk, a phone and access to a copier. However, these requirements may differ depending on the county.

  EWs are stationed at eligible WIC sites from once a week to up to 6 times a week, although not necessarily all day. WIC sites located in health centers are more likely to have EWs. Most of the EWs stationed at the WIC sites do not utilize the joint Medi-Cal and Healthy Families application. Instead, they rely on the county eligibility process, which includes a more extensive application form (SAWS1) for children and adults. Since EWs do not normally help families apply for Healthy Families, some sites have utilized CAAs to follow-up on these cases.

- **Most WIC agencies conducting extensive health outreach and enrollment activities have the designated resources to do so.** The agencies most able to conduct aggressive outreach and enrollment, through EWs, CAAs or their own outreach workers, are those with additional or flexible sources of funding. At least 12 local WIC agencies or their parent agencies have collaborated with other organizations and received 1999/2000 funding from DHS to conduct Medi-Cal and Healthy Families outreach and enrollment activities. Some WIC agencies, especially those connected to a county health department, have also tapped into 1931(b) federal funding, which is provided to states and counties to ensure that children and parents do not lose Medicaid coverage as a result of welfare reform. In general, those WIC agencies with a defined mission that includes outreach as an important component of their work are working creatively to combine their funding sources to expand the scope of services provided to their clients.

CHALLENGES TO ADDRESS

Linking WIC with Medi-Cal and Healthy Families raises some important challenges for WIC agencies. In the survey and interviews we conducted, the most often cited challenges were the following.

Medi-Cal/Healthy Families Is Too Complicated

One of the most common barriers mentioned was that applying to Medi-Cal and Healthy Families is still too complicated and thus very difficult for WIC agencies to undertake. Complaints centered on Medi-Cal because clients tend to express their dislike for the program due to bad experiences with the welfare office or complicated paperwork. Another concern was that it simply is not enough to help a client with the application, since it takes a significant amount of time and resources to ensure that the client becomes enrolled, including tracking the application through the process and following up on any additional documentation requests.

Immigrant Fears Still Exist

Another issue reported was that immigrant WIC clients perceive more barriers in the enrollment process, even though their US-born children are eligible. Some agencies pass on information to their clients regarding the May 1999 public charge clarification issued by the Immigration and Naturalization Service (INS). Public charge is a test administered by the INS and the State Department through its consulates abroad to determine whether immigrants seeking to become Legal Permanent Residents are likely to rely on government assistance (as the primary source of support for the family). The new guidance clarifies that receiving health care benefits will not affect immigration status, except for long-term care. However, a number of agencies reported the continued fear of retaliation from the INS as a prevalent problem among immigrant clients.[14]

In addition, many immigrant families who are eligible for public assistance, including health care, do not seek such assistance for fear of repercussions on their immigration status or their ability to sponsor an immediate relative. This fear is even prevalent among Legal Permanent Residents who want to become US citizens, and erroneously think applying for public assistance may affect their naturalization process.

Resources Are Limited

While most agencies recognize the urgency for their clients to have access to a medical home, some perceive the ability of WIC agencies to help as limited because of overburdened staff and limited financial resources. For example, many WIC sites already include a question about domestic violence during the initial interview and some also provide screening for children's immunizations. Some sites feel that adding health insurance to their current demands without additional resources is not manageable. For other agencies, particularly small ones, issues such as staffing and providing reasonably private space for outside application workers pose a problem.

Another hurdle WIC agencies face is that, because of federal law, any staff time devoted to non-WIC activities must be accounted for from outside funding sources. That is, federal WIC funding cannot be used for extensive non-WIC outreach or health insurance enrollment purposes. Thus, even allowing WIC staff to attend Medi-Cal/Healthy Families training can pose a financial burden to an agency. Some agencies that are interested in conducting such activities have either taken WIC staff "off the clock" or hired new staff people.

Health Recruitment Could Dilute WIC's Focus

A problem voiced by some agencies is that if WIC takes on too much work related to other programs, there is a danger that WIC's charge and mission will be diluted. This issue is particularly relevant to WIC because of the unique relationship it has with its clients, particularly immigrants. According to a national survey, the WIC Program ranked second highest in customer satisfaction among 30 government programs.[15] Clearly, any attempt to strengthen WIC's linkage with Medi-Cal and Healthy Families has to take these concerns into account and work to minimize any disruption caused by the new program affiliation.

ON THE GROUND: WIC AGENCIES GOING THE EXTRA MILE

The following examples illustrate how some agencies are providing their clients with stronger links to health care access. It begins with a look at four WIC agencies in California and ends with a sampling of activities taking place across the country.

CALIFORNIA

Working with Community Application Assistors & Eligibility Workers: Public Health Foundation Enterprises, Inc.

Public Health Foundation Enterprises, Inc. (PHFE) is the largest WIC agency in California and the US, serving an average of 300,000 clients in 55 WIC sites throughout Los Angeles and Orange counties.

PHFE collaborated with the Los Angeles County Department of Public Social Services (DPSS) to place Eligibility Workers (EWs) at eight of its sites. PHFE provides a desk and space for the workers and allows them to have access to a copy and fax machine, but the county provides each worker with a computer and dedicated phone line.

Most of the EWs are stationed at the sites one full day a week. One of the agency's most important reasons for having EWs on-site is that they provide continual assistance to clients, including answering questions from current Medi-Cal participants. Eventually, PHFE wants the neighboring PHFE-WIC sites without EWs to refer their clients to those sites that do.

PHFE also has about 40 Certified Application Assistors (CAAs) from up to 7 different community groups providing enrollment assistance at up to 30 of its sites. The CAAs spend one to five days a week at the sites, depending on their availability and the site.

Key to the success of PHFE's program has been the dedication of one staff person to serve as the central point of contact between the county and PHFE sites, and another for their work with the CAAs. The liaisons coordinate the placement of EWs and CAAs at various sites and establish a point of contact for the workers, usually the site manager. This prevents sites from being overwhelmed with additional coordination responsibilities, while also providing the management- level support CAAs and EWs require to work effectively.

Having Medi-Cal and Healthy Families Outreach Workers: Clinica Sierra Vista

Clinica Sierra Vista's WIC Program in Kern County serves an average of 26,000 clients at 17 sites, including 12 health centers and a mobile clinic. For close to 10 years, Clinica has had EWs outstationed at its health centers, varying from one day a month at a small site to five days a week at most sites.

With 1931(b) funding received from the county and an outreach contract through DHS, Clinica has hired an Outreach Coordinator and eight Outreach Workers (who are also trained as CAAs) to assist its clients in applying for health insurance. The Outreach Workers are either posted permanently at a site or they rotate between sites where appointments have previously been set up with families. For persons who are interested in receiving additional information on the programs but do not want to make an appointment, WIC staff give the person's name and telephone number to the Outreach Worker for follow up.

Clinica favors maintaining continuity of staff at the sites so that clients always have someone available to assist them. According to Ofelia Baker, Clinica's Outreach Coordinator, clients often come back when they have questions about a statement they received from Healthy Families or Medi-Cal. Clients are also pleased to have assistance on-site since many have had bad experiences of waiting for long periods in the welfare office.

Ofelia also emphasized the importance of follow up. The Outreach Workers call Medi-Cal clients 45 days after their application is submitted to see if it has been approved. Healthy Families clients get a follow-up call 15 to 20 days after their application is mailed. Staff also follow-up with adult clients to make sure those who are required to have a face-to-face interview with an EW make their appointments.

Clinica's Outreach Workers are flexible, within WIC's limitations. For example, if there is limited access to a phone at a certain site, they will try to schedule the Outreach Worker's time there when someone is out of the office and the phone line is available.

Clinica believes it is very important to have Outreach Workers in addition to WIC staff, since explaining the Medi-Cal and Healthy Families information requires at least a 20-minute intervention. For Clinica, the motivating factor in expanding their work to include health insurance is that helping their clients find health providers is directly related to their mission to improve nutrition and health.

Establishing a County Collaborative: Solano County and SKIP

In 1998, the Solano County Health and Social Services Department, which houses WIC, formed the Solano Coalition for Better Health to coordinate county efforts around outreach and enrollment of children in health insurance programs. The Solano Kids Insurance Program (SKIP) was established in June 1998 as an initiative of this project to directly enroll children in health insurance. SKIP was initially funded by a grant from the California HealthCare Foundation and later by the county 1931(b) funds and a state DHS outreach contract. Since its inception, SKIP has enrolled approximately 3,000 children in Healthy Families and Medi-Cal.

The Solano County WIC program, with an average caseload of 10,000 to 11,000, works closely with SKIP to enroll WIC clients into health insurance programs. At the WIC reception area, WIC staff inform clients who are not on Medi-Cal about the health insurance programs and available assistance. For those who are interested, WIC staff either complete an information card for SKIP to follow up with the family or immediately set up an appointment for the family with SKIP. SKIP materials are also distributed to all WIC clients.

According to SKIP's Program Manager, Jacque Wolfram, "WIC is the biggest enrollment source by far. At least one third of the SKIP enrollments come from WIC." Similarly, when SKIP encounters a pregnant woman or child under age 5 not enrolled in WIC, they connect them to WIC.

Limitations such as space at WIC agencies and staff time have not been a barrier for SKIP. According to Jacque, "People who work at WIC are very busy, but there is always a way to work around things. For example, [SKIP staff] meet with clients in places like libraries, so there's no reason why we can't arrange to meet at a nearby place like a coffee shop. Also, sometimes the client is scheduled to visit a clinic in the same location as the county office, so we'll find a place there to make it easy to meet."

Teaming Up Community Promoters: Clinicas de Salud del Pueblo

Clinicas de Salud del Pueblo, Inc. serves about 7,000 WIC clients through its 7 clinics located throughout the Imperial Valley. Clinicas' approach to health insurance outreach and enrollment is two-fold.

First, with funding from a DHS outreach contract and a federal Border Health Initiative, a team of five Outreach Workers conducts on-site enrollment. Two of the Outreach Workers are stationed at WIC sites, where they do brief presentations in the reception area and after classes. In one day, they may talk to 5 groups of new WIC clients. According to Melanie Lira, Outreach Coordinator, if the Outreach Worker sees 100 people at the WIC clinic, they may get 5 to 10 appointments from their presentations.

Second, Clinicas has trained a group of 10 "Promotores" or Promoters, mainly women farmworkers, to conduct door-to-door outreach. Families they contact that need health insurance are referred to the Outreach Workers for assistance and those needing WIC are referred to a WIC site. The Promoters are paid a stipend for their work, which is funded in part by the $50 reimbursement fee the agency receives from the state for each successful Medi-Cal/Healthy Families application.

Clinicas' team of Outreach Workers and Promoters also participates in community events, the most prominent being "El Día de los Niños," which is sponsored and organized by Clinicas. Last year this event drew about 1,000 families.

ACROSS THE COUNTRY

New Jersey's WIC and Health Outreach Partnership

In 1997, New Jersey's WIC joined with the KidCare Program (its Medicaid and CHIP program serving children with family incomes up to 350 percent of the FPL) to increase health insurance coverage among its clients. The 18 local WIC agencies were designated as KidCare outreach sites and each was assigned an Identification Number in order to track WIC-referred health applications.

All of the WIC agencies disseminate information on KidCare and distribute KidCare application packets. With the assistance of the state WIC office, some sites also use volunteer or paid personnel to assist families in completing the KidCare application. Since April 1998, the WIC agencies have distributed over 7,000 and completed over 1,500 KidCare applications.

In addition, the Department of Health and Senior Services and the Department of Human Services launched a three-month pilot project in 8 of the WIC agencies (those with the highest need) during which WIC staff provided direct KidCare enrollment assistance. According to the Office of KidCare, from July to September 1999 the participating agencies completed a total of 665 KidCare applications, 540 (81 percent) of which led to enrollments. As a result of the pilot project, NJ KidCare has proposed an expansion of this initiative to provide $1 million in funding to all 18 local WIC agencies to conduct outreach and enrollment assistance.

WIC's involvement in KidCare has also resulted in the addition of NJ KidCare as one of the health insurance options to choose in the WIC computer system when participants are asked about their health insurance status during certification or recertification. This enables WIC agencies to track their clients' access to a medical home.

Vermont's Joint WIC and Health Programs Application

Vermont has gone an extra step in coordinating its WIC and health programs by designing and implementing a joint application for WIC and Medicaid/Dr. Dynasaur, Vermont's Medicaid and CHIP program serving children with family incomes up to 300 percent of the FPL. An applicant using the joint application can submit it to either WIC or Medicaid/Dr. Dynasaur. As a result, 97 percent of Vermont's kids on WIC had health insurance at the time of their most recent WIC visit.[36]

When a joint application is received at a WIC clinic it is reviewed for WIC eligibility and then forwarded, with an income determination worksheet, to Medicaid/Dr. Dynasaur. Since the income eligibility guidelines are lower for WIC than for Medicaid/Dr. Dynasaur, virtually all pregnant women and children found eligible for WIC are income-eligible for health coverage. Medicaid/Dr. Dynasaur accepts WIC's income determination, although it reviews each worksheet for any red flags that may indicate the applicant's income needs to be re-determined for health coverage purposes because of slight differences in the way incomes are calculated. Medicaid/Dr. Dynasaur will also conduct any necessary follow up by phone.

When Medicaid/Dr. Dynasaur receives the joint application, it makes its eligibility determination and then forwards the application with an income worksheet to WIC. WIC processes the application, allowing for adjunctive income eligibility for Medicaid (those with family incomes up to 225 percent of the FPL). WIC then calls the client in to conduct the required nutritional assessment for nutritional-risk eligibility purposes.

The process works particularly well because both programs have flexible income rules and the state uses databases to facilitate coordination and enrollment.

Nebraska's Presumptive Eligibility for Children[17]

Under federal law a state can allow certain qualified entities, including WIC, to temporarily enroll children in Medicaid.[18] In September 1998 Nebraska implemented this Presumptive Eligibility (PE) option for children eligible for Kids Connection, its Medicaid program for children with family incomes up to 185 percent of the FPL. A WIC agency in Nebraska may enroll a child in Kids Connection based on the family's declaration that its income is below the program's income eligibility limits. The WIC agency completes a two-page PE application for the family and submits the form to the Department of Health Services. The PE period in Nebraska is up to 45 days, during which time Kids Connection will pay for health services. However, for the child to continue receiving coverage, the family must submit a final application and a formal eligibility determination must be made.

Because time spent by WIC staff making PE determinations is not an allowable cost under federal WIC rules, most of the WIC sites have other funding to pay for such activities. In addition, the work of these entities is supported by PHONE (Public Health Outreach and Nursing Education), a state-run program funded through Medicaid administrative dollars that provides outreach and case management services.

As a result of PHONE, 2 to 4 weeks after a WIC site assists a PE/Medicaid-eligible client, a public health nurse follows up with the family to answer any questions they have and ensure that the application process is completed. In addition, PHONE encourages other qualified entities to become PE entities, participates in health insurance outreach activities and provides follow-up with enrollment services.

The findings from our six months of research suggest that it is both feasible and valuable for California's 81 WIC agencies to help the hundreds of thousands of uninsured young children in WIC obtain needed insurance. We have developed recommendations for two different models — a minimum health recruitment program (WIC Basic) and an optimal one (WIC Plus) — both of which provide a spectrum of strategies and tools required to increase the level of health outreach and enrollment activity at WIC sites.

These recommendations were designed with an understanding that even at WIC Basic, local WIC programs vary in their ability to perform tasks beyond the federally required screenings and referrals. We believe, however, that an array of funding resources can be tapped to assist these efforts. They include:

- **Health Insurance Outreach Grants:** The state's multi-million dollar Medi-Cal and Healthy Families outreach campaign includes grants to community groups conducting outreach and enrollment activities. The WIC agencies that have utilized these funds have had considerable success, as have those that have been able to access the federal 1931(b) funds, provided to states and counties to ensure that children and parents do not lose Medicaid coverage as a result of welfare reform.
- **Tobacco Settlement Funds:** As a result of its lawsuit against tobacco companies, California and its 58 counties will receive approximately $21 billion in funding over 25 years. Some of this money has already become available and counties, in particular, are determining the best ways to use it. Since the lawsuit recoups taxpayers' dollars for health care spent on smokers, there is a strong logic to spend it on reaching children who need health insurance.
- **Proposition 10:** Up to $690 million per year will be generated from the cigarette tax implemented through the passage of Proposition 10. The majority of the money will be allocated to counties to spend on childhood development services for children ages 0 to 5, making WIC an ideal partner for this initiative.
- **Budget Surplus:** The strong economy in California has ushered in a record-breaking budget surplus. The 2000/2001 budget had a surplus of over $12 billion. During this time of economic growth, it is wise to invest in children so we can improve their health and well-being over the long-term.
- **California Health Foundations:** A number of sizeable public and private health foundations exist in California, some fairly new. Leveraging these foundation dollars with federal and state resources (such as Medi-Cal and Healthy Families) will mean a greater return rate for all Californians.

If California stakeholders, and the federal government, are truly serious about ensuring that all children receive the health insurance they are eligible for, then it only makes sense to direct some of these resources to a place where large numbers of children can be reached: WIC.

GETTING TO WIC BASIC: TRAINING, EDUCATION AND REFERRAL

At a minimum, every WIC site should have trained staff who can educate clients about health insurance, and simply and efficiently refer them to obtain coverage. The following are strategies and tools that will help WIC sites get to this basic level.

1 **Training.** The state, through the Department of Health Services, should provide WIC staff with basic training on the importance of preventive health care and insurance, how the current health insurance system in California works and how to effectively refer clients. The training can occur on a regional or local basis. WIC sites must be reimbursed for staff time away from their regular work.

2 **Education.** The WIC program is uniquely suited to provide information to clients on the importance of health care and coverage and how to effectively obtain it. Not only are WIC clients individually counseled about their nutrition habits, they attend nutrition education classes. To incorporate health insurance outreach into this process requires the necessary tools, which could be developed and funded through the state or interested foundations.

- **An outreach and enrollment toolkit.** WIC staff are missing the basic machinery required for effective Medi-Cal and Healthy Families outreach. A toolkit could include camera-ready Medi-Cal and Healthy Families posters and brochures designed for WIC clients; a list of relevant phone numbers, including where to call for the joint mail-in applications; and tip sheets on relevant topics, such as how a WIC site can obtain an outstationed Eligibility Worker (EW). In addition, the toolkit should be regionally geared and include updated information on Certified Application Assistors (CAAs) in the area who are willing to work with WIC sites, as well as informational participant handouts on Public Charge.
- **Class curriculum and video.** WIC class curricula and lesson plans on the topics of health care and health coverage options should be developed. The curricula could either cover a half-hour class or a 5- to 10-minute presentation at the end of a class. In addition, a video covering these topics should be developed for sites to play for participants in the classroom (or in the reception area, if they do not have staff to run the class.)

3 **Referral.** Currently there is no systematic process for referring WIC clients for health services. The Department of Health Services and WIC Branch, working with other stakeholders, should develop a streamlined referral process to assist sites and staff through the following two strategies.

- **A screening tool.** ISIS, the state-run WIC eligibility screening system, includes a question on whether clients receive Medi-Cal. This should be expanded to ask whether they have any type of health insurance, including private, restricted Medi-Cal or Healthy Families. This will allow WIC staff to focus their health referrals. ISIS could also generate a report that outlines the health insurance alternatives for the family based on the answers they provide. In addition, the question can be asked again at recertification to track whether the client later obtained or lost coverage.
- **A referral process patterned after school lunch.** The USDA recently issued guidance to school lunch officials on how to incorporate outreach and referrals into the school lunch application process. Many of the ideas could be used for WIC. WIC staff, based on the clients' answer to the above ISIS screening process, would ask families if they were interested in receiving a Medi-Cal/Healthy Families application. If they answer yes, an ISIS-generated form, providing the family's contact information, would be forwarded to Medi-Cal/Healthy Families. Alternatively, a stand-alone referral form could be completed by WIC staff and forwarded to the appropriate Medi-Cal/Healthy Families entity. In either case, it would be essential for Medi-Cal/Healthy Families to implement a process for receiving the forms and following up with the families. If a WIC site has a relationship with an Eligibility Worker (EW) or Certified Application Assistor (CAA) the referral information could be forwarded to the EW or CAA instead.

GETTING TO WIC PLUS: ON-SITE AND STREAMLINED ASSISTANCE

It is evident from the research presented in this report that the WIC and health insurance partnership will be most effective when WIC sites can go beyond WIC Basic and have streamlined health insurance enrollment assistance on-site. But relatively few WIC sites can reach this next level of involvement because of a lack of resources, space and staffing. A number of strategies are available to state and federal officials, foundations and other stakeholders to remove these barriers and help more agencies get to WIC Plus.

1 **Increase the Number of Eligibility Workers at WIC Sites.** WIC sites with outstationed EWs have had considerable success. However, obtaining an EW from county agencies can be a difficult process, and many agencies lack the necessary space and resources. The following strategies should be undertaken to alleviate these problems.

- **WIC as a priority site for outstationed Eligibility Workers.** To make the Medicaid application process more accessible to low-income pregnant women and children, federal regulations give priority to the placement of outstationed EWs at Federally Qualified Health Centers (FQHC) and Disproportionate Share Hospitals (DSH). State law gives the same preference to EWs at perinatal clinics. For counties, there are financial incentives in placing EWs at priority sites versus other places.[19] Since WIC sites are powerful avenues for reaching the targeted population, the state, through legislation, should designate local WIC agencies as priority sites for the outstationing of EWs. In addition, to ensure that outstationed EWs are available for WIC sites, state funding should be increased to support more workers.
- **Adequate funding to WIC agencies to cover expenses.** Even if the process whereby WIC sites obtain outstationed EWs becomes easier, the challenge of providing the required phone and office space remains. Some counties have been able to work with the limitations of WIC sites by, for example, covering phone line costs; accepting a space without the ideal level of confidentiality; or being flexible about the level of access to a copier and fax. The limitations of space mean that some WIC sites will be unable to have outstationed EWs. However, for others, complying with these requirements could be mitigated if the state or counties provide small stipends of $2,000 to $5,000 to WIC sites to cover costs.

2 **Increase WIC Sites' Involvement with Certified Application Assistors.** The primary barrier WIC agencies face in placing CAAs on-site, whether their own staff or from outside agencies, is resources. Actions that should be taken include:

- **Contractual incentives to groups receiving outreach funds to collaborate with WIC.** WIC sites that have been able to collaborate with groups receiving 1931(b) or state outreach funds have produced positive results. The Department of Health Services (the contract administrator) should include fiscal incentives in these contracts for grantees that collaborate with WIC.
- **Funding for WIC staff to be trained as CAAs.** Although the state encouraged WIC staff to attend CAA training, most were unable to attend because WIC funding would not cover staff time or because of limited staff resources. The Department of Health Services, which administers the training, should underwrite the cost of one staff person per WIC agency to attend the training.
- **Outreach grants for WIC agencies.** A special grant program by the state or foundations should be developed for WIC agencies to support health insurance outreach and on-site enrollment. The grants would allow the agencies to either hire outreach staff or contract with an outside group to provide such services.

3 **Streamline the Enrollment Process for WIC-eligible Children.** Children enrolled in WIC have already undergone an application process, which includes an income screen with documentation. These WIC-eligible children should be considered income-eligible for Medi-Cal or Healthy Families. There are two ways the state could accelerate the enrollment process:

- **Express Lane Eligibility.** The state should utilize the information already collected by WIC to expedite the application process for family health coverage. For example, WIC could

send a postcard to all WIC-enrolled families with children not on Medi-Cal, informing them of their potential eligibility for Medi-Cal or Healthy Families and asking if an eligibility determination can be made by accessing their WIC case file. The family would be advised of any additional information required, including immigration documentation. Other options include allowing certain children, by virtue of their income and age to be deemed income-eligible for Medi-Cal. California's 2000-2001 state budget directs DHS to develop Express Lane Eligibility implementation options. These efforts should be supported and tracked to ensure that WIC's full potential of enrolling children into health coverage is achieved within the process.

- **Presumptive Eligibility for Children.** Under federal law, WIC programs are allowed, by state option, to perform presumptive Medicaid eligibility determinations for both pregnant women and children. A short form and simple income screen is completed, and the pregnant woman or child receives health services that day. Although the family is required to complete the full application to continue receiving services, presumptive eligibility greatly increases the likelihood of capturing eligible women and children. This process would be particularly helpful in WIC sites that are connected to clinics. In addition, President Clinton has recommended in budget language that states be allowed to use enrollment in programs like WIC as the basis for presumptive eligibility for health insurance. California policymakers should support this effort.

4 **Create a WIC Health Care Specialist.** The state should provide supplemental funding to the WIC budget (currently completely federally funded) to provide agencies with a trained Health Care Specialist, who could be placed full-time at one site or rotate among a number of sites. He or she could educate families about health insurance, assist them in signing up for programs and help families navigate the health insurance world. Agencies with high rates of uninsured clients would receive one to three Specialists, depending on their caseload. The estimated annual cost for one such staff position, including operating costs, would be roughly $50,000.

5 **Streamline Medi-Cal and Healthy Families.** The complicated nature of the Medi-Cal and Healthy Families enrollment process remains a barrier to WIC sites. There are a number of streamlining measures the state can take to ensure that the programs work more efficiently for families, including eliminating the assets test for parents, ensuring that applications are processed in a timely and efficient manner, and eliminating unnecessary documentation requirements.

6 **Create a Federal Grant Program for WIC Agencies.** Enrollment of children into health insurance has become a national priority. To make this priority a reality, the federal government should provide funding to public entities, such as WIC, to conduct outreach and enrollment activities. This idea has already been embraced legislatively, although on a limited basis. Legislative language (H.R. 2559, Section 242), passed by Congress and expected to be approved by President Clinton, establishes a single state demonstration program to identify and provide enrollment assistance to children eligible for Medicaid and CHIP through at least 20 WIC agencies.

ENDNOTES

[1] H.H. Schauffler and E.R. Brown, *The State of Health Insurance in California*, 1999, Regents of the University of California, January 2000, p. 31. Estimates based on data from the March 1999 Current Population Survey.

[2] Ibid.

[3] 50 CFR 246.7(1) and (2).

[4] 50 CFR 246.7(12)(vi). In 1989 Congress authorized WIC agencies to accept an applicant's documented participation in Medicaid, Food Stamps and AFDC/TANF as evidence of income eligibility for WIC. Although an applicant is required to meet and document WIC's additional eligibility requirements, this so-called "adjunctive eligibility" has substantially streamlined the WIC application process.

[5] California Department of Health Services, WIC Branch, September 1999. Reflects information available at time of enrollment and does not reflect whether the clients enrolled or became disenrolled in the Medi-Cal program at a later date.

[6] Genevieve Kenny, J. Haley, and F. Ullman, *Most Uninsured Children Are Already Served by Government Programs*, The Urban Institute, December 1999. The numbers are based on uninsured children with family incomes below 200 percent of FPL who are in families with at least one child enrolled in WIC.

[7] Concurrent with this project, the California WIC Association, with support from The California Endowment, has implemented a program to increase immigrant women's access to prenatal care and Medi-Cal coverage.

[8] Fiscal Year 1996 national WIC data cited in US Congress, House Committee on Ways and Means, *1998 Green Book*, 1998, pp. 1002.

[9] United States Department of Agriculture, Food and Nutrition Service, *WIC Frequently Asked Questions*, http://fns1.usda.gov:80/wic/menu

[10] WIC's total budget for federal Fiscal Year 2000 is $4.03 billion, an increase of $108 million over Fiscal Year 1999.

[11] Children remain eligible through the month of their 5th birthday.

[12] Please note: Because WIC is not an entitlement program, when a site reaches its maximum participation level within available funding, a system of priorities is followed in allocating caseload slots.

[13] Nutritious food items include those with high protein and vitamin content such as milk, cereal, cheese, eggs, juice, dried beans or peas, fruit juice and peanut butter.

[14] National Association of WIC Directors, *WIC Participant Facts*, http://www.wicdirectors.org

[15] California Department of Health Services, WIC Branch, September 1999.

[16] The state WIC agencies are located in the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam and 33 Indian Tribal Organizations.

[17] California Department of Health Services, WIC Branch, September 1999.

[18] Ibid. Less than 1 percent also reported as unknown.

[19] This "adjunctive eligibility" process varies by agency. At some agencies, even if the person receives Medi-Cal, Food Stamps or CalWORKS but does not have proof at the time of intake, WIC staff may ask the family to provide income documentation. This allows the site to have back-up information on the applicant, which is useful if the family later disenrolls from the adjunctive program or does not provide proof of participation within the period of time allowed.

[20] At a minimum, height and weight are measured and a hematological test is administered to assess nutritional status. The bloodwork is either done on-site or the client is referred to a nearby health facility. WIC will also accept a medical exam from the last 60 days that includes this information.

[21] Federal regulations require WIC sites to offer participants at least two nutrition education sessions during each certification period. Receipt of food vouchers is not contingent upon attendance at nutrition education sessions.

[22] Infants under 6 months of age may be certified for a period extending up to their first birthday. Pregnant women are certified for the duration of their pregnancy or for up to 6 weeks postpartum.

[23] National Association of WIC Directors, Ibid.

[24] California Department of Health Services, October 1999.

[25] H.H. Schauffler, Ibid.

[26] Restricted Medi-Cal, commonly referred to as emergency Medi-Cal, is for undocumented persons requiring emergency or pregnancy-related care only.

[27] California Department of Health Services, WIC Branch, September 1999. Reflects information available at time of enrollment and does not reflect whether the clients enrolled or became disenrolled in the Medi-Cal program at a later date.

[28] This estimate refers to women on full Medi-Cal. Many WIC pregnant women receive restricted Medi-Cal, but this information is not requested upon enrollment for certification purposes.

[29] State funds currently provide Medi-Cal and Healthy Families coverage to legal immigrant children who entered the US after August 22, 1996.

[30] California Department of Health Services, WIC Branch, September 1999.

[31] Genevieve Kenny, Ibid.

[32] Jennifer Blackburn and Ingrid Aguirre Happoldt, *Medi-Cal Outstationing in California: Findings from a Statewide Survey*, Medi-Cal Policy Institute, June 1999.

[33] Although productivity standards vary by county, the statewide average for eligibility workers is 50 new Medi-Cal cases per month.

[34] Other non-cash benefits that families may receive include: food stamps, WIC, immunizations, emergency disaster relief, housing assistance, school lunch and breakfast, job training programs, child care services, and any other program that does not give out cash for income support. Benefits that can cause public charge problems are those that provide cash assistance and become an immigrant's primary support, such as SSI (Supplemental Security Income), the California Assistance Program for Immigrants (CAPI), CalWORKs or General Assistance.

[35] Press release from Vice President Gore's National Partnership for Reinventing Government, *WIC Customer Satisfaction is Among Highest of Federal Programs*, December 1999.

[36] Communication with Donna Bister, state WIC Director, Vermont Department of Social Welfare, August 1999.

[37] Information on Nebraska's experience with Presumptive Eligibility was gathered thanks to the contribution of Central Nebraska Community Services, an agency that houses a WIC program and is qualified to do PE determinations for Medicaid.

[38] See 42 U.S.C., Section 1396r-1a, Public Law 105-33. California currently allows medical providers to determine presumptive eligibility for pregnant women.

[39] Jennifer Blackburn, Ibid. The state pays counties for the costs associated with outstationed EWs. A county is reimbursed for the full worker's salary only if the worker meets certain productivity standards (see Endnote 33). However, if the EW is placed at a priority or mandated site, a county will receive an incremental reimbursement even if the EW does not meet the productivity standards. This creates a financial incentive for counties to place workers at priority sites.

CALIFORNIA'S CHILD HEALTH INSURANCE PROGRAMS

Medi-Cal for Children
Call 1-888-747-1222 for applications and the names of neighborhood organizations that can assist families.

A free health insurance program covering medical, dental and vision services for children from birth up to age 21. Eligibility: under 1 year old at or below 200% of the FPL; 1-5 years old at or below 133% of the FPL; 6-18 years old at or below 100% of the FPL; and 19-21 at or below 92% of the FPL. Certain income deductions may apply. Citizens, Legal Permanent Residents and certain other immigrants may receive full-scope Medi-Cal. Undocumented and certain other immigrants qualify for restricted Medi-Cal for pregnancy-related services and emergency conditions.

Healthy Families
Call 1-888-747-1222 for applications and the names of neighborhood organizations that can assist families.

A new low-cost health insurance program for uninsured children from birth up to age 18 that provides medical, dental and vision care to children with family incomes at or below 250% of the FPL who are not eligible for Medi-Cal. Certain income deductions may apply. Families pay a monthly premium of $4 to $9 per child (not to exceed $27) depending on family income, size and insurance plan. Co-payments of $5 are paid for some preventive services, not to exceed $250 per year. Citizens, Legal Permanent Residents and certain other immigrants are eligible.

Access for Infants and Mothers (AIM)
Call 1-800-300-1031 for applications and the names of neighborhood organizations that can assist families.

Subsidized health care for uninsured pregnant women who are less than 30 weeks pregnant and their children up to age 2 with family incomes of 200% to 300% of the FPL. Care is provided to the woman throughout pregnancy and 60 days after the child is born. The cost is 2% of total family income per year for the pregnant woman and for the baby up to its 1st year; for the child's 2nd year (with proof of immunization), the cost is $50.

California Kids Health Care Foundation
1-800-374-4KID (4543)

Private low-cost health care coverage for uninsured children ages 2-19 (including emancipated youth) with family incomes at or below 250% of the FPL who are not eligible for Medi-Cal or Healthy Families and cannot afford private insurance. Foster children 18-19 with family incomes at or below 300% of the FPL are also eligible. Certain premiums apply depending on income. Families are not required to provide Social Security number or immigration status. Coverage includes comprehensive preventive and primary care; hospitalizations and major surgery are not covered.

Kaiser Permanente Cares for Kids
1-800-255-5053

Low-cost insurance coverage for children under 19 years old with family incomes between 250% and 300% of the FPL who are not eligible for Medi-Cal or Healthy Families and do not have private health insurance. The monthly premium is up to $35 per child, depending on income. A family will never pay more than the amount to cover 3 children per month ($75-$105). Co-payments are $5 to $10 for some services.

California Children's Services (CCS)
(916) 654-0364

A program that pays for medical care for children up to age 21 with chronic or serious medical problems, whose families have annual incomes below $40,000 or out-of-pocket health care expenses of 20% of family income or more. Depending on income, the child may be eligible for complete coverage or share of cost.

Child Health and Disability Prevention Program (CHDP)
(916) 654-0364; 1-800-993-CHDP in Los Angeles County

Free preventive health care, assessment, including check ups, immunizations, and vision and hearing testing for children ages 0 to 19 (not receiving full-scope Medi-Cal) in families with incomes up to 200% of the FPL; children ages 0 to 21 receiving Medi-Cal; and children on Head Start. Applicants are not asked to provide Social Security numbers or immigration status information.

County Clinics/Hospitals and Community Clinics

Low-income clients who are uninsured may be eligible to receive free or low-cost services at county facilities and community clinics.

Prepared by The Children's Partnership, June 2000.

CALIFORNIA WIC INFANTS AND CHILDREN WITHOUT MEDI-CAL
Ranked by Agency (September 1999)

Agency Name	County	Total Number of Infants & Children	Infants & Children w/o Medi-Cal (%)
Alliance Medical Center	Sonoma	943	68%
American Red Cross	San Diego	36,039	65%
North County Health Services	San Diego	6,958	65%
San Ysidro Health Services	San Diego	9,896	64%
Mission Hospital's Camino Health Center	Orange	3,255	63%
Planned Parenthood for Orange & San Bernardino County	Orange	13,518	59%
Valley Community Health Center	Alameda	1,198	59%
Tiburcio Vasquez Health Center Inc.	Alameda	4,171	58%
San Diego Department of Health Services WIC Program	San Diego	33,905	58%
Northeast Valley Health Corporation	Los Angeles	56,347	58%
Orange County Health Care Agency	Orange	43,849	58%
Scripps Health-Mercy Hospital	San Diego	6,674	57%
Harbor-UCLA REI	Los Angeles	83,874	57%
Riverside County Department of Public Health	Imperial, Riverside	44,600	56%
San Mateo County Department of Public Health Services	San Mateo	11,232	55%
Monterey County Department of Health	Monterey	16,590	54%
Public Health Foundation Enterprises, Inc.	Los Angeles	278,486	54%
City and County of San Francisco Department of Health	San Francisco	14,129	54%
Solano County Health and Social Services Department	Solano	8,663	53%
Sonoma County Indian Health Project, Inc.	Sonoma	5,978	51%
Plumas Rural Health Services, Inc.	Plumas	431	50%
Contra Costa County Health Services	Contra Costa	14,676	49%
El Dorado County DHS, Department of Community Services	El Dorado, Alpine	1,845	49%
Nevada County Public Health Department	Nevada	1,304	49%
Kings County Health Department	Kings	4,937	48%
Sonoma County Public Health	Sonoma	536	48%
Community Medical Center	San Joaquin	3,688	47%
Watts Health Foundation, Inc.-WIC	Los Angeles	18,724	47%
Clinica Sierra Vista, Inc.	Kern	23,667	47%
City of Berkeley	Alameda	1,531	47%
United Health Centers of the San Joaquin Valley, Inc.	Fresno	14,316	47%
Napa County Health and Human Services Agency	Napa	2,492	47%
Kern County Economic Opportunities Commission	Kern	12,852	46%
San Benito Health Foundation	San Benito	1,588	46%
Alameda County Health Care Services Agency	Alameda	14,871	46%
Food and Nutrition Services, Inc.	Santa Cruz	5,931	46%
San Bernardino County Department of Public Health	San Bernardino	51,691	46%
Central Valley Indian Health, Inc.	Madera	909	46%
Indian Health Center of Santa Clara Valley, Inc.	Santa Clara	2,281	46%
La Clinica de la Raza	Alameda	2,987	45%
Long Beach City/Dept. of Health & Human Services	Los Angeles	26,761	45%
Gardner Family Care Corporation	Santa Clara	7,122	45%
Santa Barbara County Health Care Services	Santa Barbara	12,810	44%

CALIFORNIA WIC INFANTS AND CHILDREN WITHOUT MEDI-CAL
Ranked by Agency (September 1999)

Agency Name	County	Total Number of Infants & Children	Infants & Children w/o Medi-Cal (%)
Placer County Dept. of Health and Human Services, Inc.	Placer	2,487	44%
Trinity County	Trinity	324	43%
Merced County Community Action Agency	Mariposa/Mendocino	11,576	43%
Human Resources Council, Inc.	Amador, Calaveras	974	42%
Ventura County Health Care Agency, WIC Program	Ventura	16,975	42%
Marin County Health and Human Services	Marin	1,894	41%
Urban Indian Health Board, Inc.	Alameda	2,118	41%
Santa Clara County Department of Public Health	Santa Clara	13,212	40%
Delta Health Care	San Joaquin	7,560	40%
Inyo Department of Health and Human Services	Inyo	739	39%
San Luis Obispo County Health Agency	San Luis Obispo	3,698	39%
Sierra County Human Services	Sierra	46	39%
Sutter County Human Services Department	Sutter	2,604	39%
Del Norte Clinics, Inc.	Yuba, Colusa	3,771	39%
Catholic Health Care West Northstate	Glenn, Tehama	3,192	39%
Toiyabe Indian Health Project, Inc.	Inyo	159	38%
Clinicas de Salud del Pueblo, Inc.	Imperial	5,952	38%
United Indian Health Services, Inc.	Del Norte	936	38%
Yolo County Department of Public Health	Yolo	3,812	37%
San Joaquin County Public Health Services	San Joaquin	7,444	37%
San Bernardino County Indian Health, Inc.	San Bernardino	799	37%
Tulare County Department of Health Services	Tulare	18,588	36%
Stanislaus County Health Services Agency	Stanislaus	14,357	36%
Tuolumne County Health Department	Tuolumne	855	35%
Pasadena Public Health Department	Los Angeles	5,130	34%
Madera County Department of Public Health	Madera	5,548	34%
Community Resources Project, Inc. (YWCA)	Sacramento	11,406	34%
Northeastern Rural Health Clinics, Inc.	Lassen, Siskiyou	1,094	32%
Siskiyou County Public Health Department	Siskiyou	1,132	32%
Antelope Valley Hospital WIC Program	Los Angeles	8,832	31%
Mendocino County Department of Public Health	Mendocino	2,575	30%
Shasta County Public Health Department	Shasta	4,369	30%
County of Humboldt Department of Public Health	Humboldt, Del Norte	3,295	29%
West Oakland Health Council, Inc.	Alameda	1,426	28%
E-Center-Center for Education & Manpower Resources, Inc.	Lake	1,623	27%
Sacramento County Dept. of Health & Human Services	Sacramento	18,670	27%
Butte County Department Public Health	Butte	5,692	26%
Fresno County Economic Opportunity Commission	Fresno	23,210	25%
STATEWIDE TOTALS		**1,126,329**	**50%**

Source: California Department of Health Services, WIC Supplemental Nutrition Branch. These estimates reflect records as of September 1999 only, not subsequent changes that may have led to enrollment or disenrollment in Medi-Cal.

APPENDIX D

CALIFORNIA WIC ENROLLEES WITHOUT MEDI-CAL, By Geographic Area (September 1999)

County and Agency Name	Infants (<1) Enrolled	% without Medi-Cal
AMADOR, CALAVERAS AND TOULUMNE		
Human Resources Council, Inc.	313	45%
Tuolumne County Health Department	267	39%
ALAMEDA AND CONTRA COSTA		
Alameda County Health Care Services Agency	5,138	61%
City of Berkeley	420	53%
La Clinica de la Raza	794	55%
Tiburcio Vasquez Health Center Inc.	1,510	65%
Urban Indian Health Board, Inc.	677	58%
Valley Community Health Center	400	79%
West Oakland Health Council, Inc.	527	38%
Contra Costa County Health Services	4,815	65%
BUTTE, TEHAMA, GLENN AND PLUMAS		
Butte County Department of Public Health	1,569	32%
Catholic Health Care West Northstate	860	38%
Plumas Rural Health Services, Inc.	106	66%
DEL NORTE, HUMBOLDT AND TRINITY		
United Indian Health Services, Inc., Del Norte	239	37%
Co. of Humboldt Department of Public Health	976	28%
Trinity County	63	49%
SISKIYOU, SHASTA AND LASSEN		
Siskiyou County Public Health Department	305	31%
Shasta County Public Health Department	1,292	33%
Northeastern Rural Health Clinics, Inc.	285	43%
MENDOCINO AND LAKE		
Merced County Community Action Agency (includes Mariposa Co.)	3,297	72%
Mendocino County Department of Public Health	760	28%
E-Center-Center for Education & Manpower Resources, Inc.	474	27%
YUBA AND SUTTER		
Del Norte Clinics, Inc. (includes Colusa County)	1,018	51%
Sutter County Human Services Department	756	46%
SIERRA, NEVADA, EL PLACER AND EL DORADO		
Sierra County Human Services	15	40%
Nevada County Public Health Department	374	43%
Placer County Department of Health and Human Services, Inc.	799	42%
El Dorado County DHS, Dept. of Community Services (incl. Alpine Co.)	617	58%
SACRAMENTO		
Community Resources Project, Inc. (YWCA)	3,596	47%
Sacramento County Department of Health & Human Services	5,970	37%
SONOMA		
Alliance Medical Center	258	68%
Sonoma County Indian Health Project, Inc.	1,936	46%
Sonoma County Public Health	133	50%
SAN FRANCISCO, SAN MATEO AND MARIN		
City and County of San Francisco Department of Health	4,167	62%
San Mateo County Department of Public Health Services	3,942	56%
Marin County Health and Human Services	626	32%
SAN JOAQUIN		
Community Medical Center	1,258	62%
Delta Health Care	2,514	53%
San Joaquin County Public Health Services	2,363	47%
SANTA CLARA		
Gardner Family Care Corporation	2,601	51%
Indian Hlth Center of Santa Clara Valley, Inc.	889	47%
Santa Clara County Department of Public Health	4,761	48%

Children (1-5) Enrolled	% without Medi-Cal	Women Enrolled	% without Medi-Cal	Total Enrollees
661	40%	316	37%	1,290
588	33%	313	44%	1,168
9,733	38%	4,841	44%	19,712
1,111	44%	515	46%	2,046
2,193	42%	922	47%	3,909
2,661	54%	1,299	58%	5,470
1,441	32%	759	42%	2,877
798	49%	388	56%	1,586
899	22%	486	21%	1,912
9,861	42%	4,693	52%	19,369
4,123	23%	1,761	28%	7,453
2,332	39%	912	42%	4,104
325	45%	138	48%	569
697	38%	309	41%	1,245
2,319	29%	1,023	32%	4,318
261	41%	74	31%	398
827	32%	328	36%	1,460
3,077	28%	1,301	33%	5,670
809	28%	319	30%	1,413
8,279	31%	3,233	33%	14,809
1,815	31%	919	29%	3,494
1,149	27%	467	28%	2,090
2,753	34%	1,104	34%	4,875
1,848	36%	751	37%	3,355
31	39%	12	58%	58
930	51%	399	46%	1,703
1,688	41%	774	48%	3,261
1,228	45%	660	42%	2,505
7,810	27%	3,412	36%	14,818
12,700	22%	5,237	30%	23,907
685	68%	319	69%	1,262
4,042	53%	1,953	45%	7,931
403	48%	155	46%	691
9,962	51%	4,850	54%	18,979
7,290	54%	3,976	51%	15,208
1,268	46%	728	30%	2,622
2,430	40%	1,190	47%	4,878
5,046	34%	2,219	40%	9,779
5,081	32%	2,360	39%	9,804
4,521	41%	2,276	38%	9,398
1,392	45%	717	42%	2,998
8,451	36%	4,616	42%	17,828

APPENDIX D

CALIFORNIA WIC ENROLLEES WITHOUT MEDI-CAL, By Geographic Area (September 1999)

County and Agency Name	Infants (< 1) Enrolled	% without Medi-Cal
MONTEREY, SAN BENITO AND SANTA CRUZ		
Monterey County Department of Health	4,731	57%
San Benito Health Foundation	518	38%
Food and Nutrition Services, Inc., Santa Cruz	1,663	39%
STANISLAUS		
Stanislaus County Health Services Agency	4,771	37%
NAPA, SOLANO AND YOLO		
Napa County Health and Human Services Agency	733	57%
Solano County Health and Social Services Department	2,923	63%
Yolo County Department of Public Health	1,155	42%
MADERA		
Central Valley Indian Health, Inc.	329	54%
Madera County Department of Public Health	1,560	54%
FRESNO		
Fresno County Economic Opportunity Commission	7,010	36%
United Health Centers of the San Joaquin Valley, Inc.	3,585	63%
INYO		
Inyo Department of Health and Human Services	190	28%
Toiyabe Indian Health Project, Inc.	40	20%
TULARE AND KINGS		
Tulare County Department of Health Services	5,423	57%
Kings County Health Department	1,622	70%
KERN		
Clinica Sierra Vista, Inc.	6,589	56%
Kern County Economic Opportunities Commission	3,652	57%
SAN LUIS OBISPO		
San Luis Obispo County Health Agency	1,104	42%
SANTA BARBARA		
Santa Barbara County Health Care Services	3,555	46%
LOS ANGELES		
Antelope Valley Hospital WIC Program	3,170	46%
Harbor-UCLA REI	20,260	76%
Long Beach City Department of Health & Human Services	7,091	66%
Northeast Valley Health Corporation	18,210	74%
Pasadena Public Health Department	1,570	46%
Watts Health Foundation, Inc.-WIC	4,608	75%
Public Health Foundation Enterprises, Inc. (includes Orange County)	73,691	71%
VENTURA		
Ventura County Health Care Agency, WIC Program	5,496	40%
ORANGE		
Mission Hospital's Camino Health Center	1,229	62%
Orange County Health Care Agency	12,664	56%
Planned Parenthood for Orange and San Bernardino County	4,149	64%
RIVERSIDE AND SAN BERNARDINO		
Riverside County Dept. of Public Health (incl. Imperial County)	15,546	69%
Riverside-San Bernardino County Indian Health, Inc.	216	68%
San Bernardino County Department of Public Health	18,615	53%
SAN DIEGO AND IMPERIAL VALLEY		
American Red Cross	10,419	74%
County of San Diego Department of Health Services WIC Program	9,043	58%
North County Health Services	2,044	64%
San Ysidro Health Services	2,992	79%
Scripps Health-Mercy Hospital	1,914	75%
Clinicas de Salud del Pueblo, Inc., Imperial Valley	1,820	50%
STATEWIDE TOTALS	329,580	62%

Source: California Department of Health Services, WIC Supplemental Nutrition Branch. These estimates reflect records as of

Children (1-5) Enrolled	% without Medi-Cal	Women Enrolled	% without Medi-Cal	Total Enrollees
11,859	53%	5,134	47%	21,724
1,070	50%	476	42%	2,064
4,268	49%	1,800	38%	7,731
9,586	35%	3,727	32%	18,084
1,759	42%	862	42%	3,354
5,740	48%	2,751	46%	11,414
2,657	35%	1,079	41%	4,891
580	41%	274	47%	1,183
3,988	27%	1,509	23%	7,057
16,200	20%	6,395	26%	29,605
10,731	41%	3,981	45%	18,297
549	43%	223	40%	962
119	45%	56	34%	215
13,165	27%	5,246	31%	23,834
3,315	38%	1,506	41%	6,443
17,078	43%	7,165	45%	30,832
9,200	42%	3,180	48%	16,032
2,594	38%	1,147	41%	4,845
9,255	43%	3,934	43%	16,744
5,662	23%	3,028	34%	11,860
63,614	50%	22,775	54%	106,649
19,670	37%	7,202	44%	33,963
38,137	50%	16,894	52%	73,241
3,560	29%	1,543	39%	6,673
14,116	38%	5,090	51%	23,814
204,795	48%	80,235	54%	358,721
11,479	43%	5,165	39%	22,140
2,026	63%	1,275	54%	4,530
31,185	58%	12,644	53%	56,493
9,369	57%	4,542	54%	18,060
29,054	48%	14,211	51%	58,811
583	57%	175	51%	974
33,076	42%	16,053	43%	67,744
25,620	62%	11,190	69%	47,229
24,862	58%	10,642	57%	44,547
4,914	65%	2,061	70%	9,019
6,904	58%	2,817	65%	12,713
4,760	49%	1,968	60%	8,642
4,132	32%	1,515	35%	7,467
796,749	45%	334,494	49%	1,460,823

ber 1999 only, not subsequent changes that may have led to enrollment or disenrollment in Medi-Cal.

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ADVISORS TO THIS REPORT

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ABOUT THE CHILDREN'S PARTNERSHIP

The Children's Partnership (TCP) is a national nonprofit organization founded to put the unique needs of children front and center in a changing economy, culture and policy world. TCP works to ensure that all children have access to the resources they need and to involve more Americans in the cause for kids. TCP brings to this project a strong history in health research and policy analysis. In California, its work has included the formation of the 100% Campaign, a partnership with the Children's Defense Fund and Children Now to ensure that all of California's uninsured children receive health coverage.

ABOUT THE CALIFORNIA WIC ASSOCIATION

The California WIC Association (CWA) is a nonprofit organization that was formed by directors of local WIC agencies in 1992. CWA activities include: training and staff development; public education and advocacy; and participation in maternal and child health, public health, and nutrition education coalitions. CWA members and staff provide leadership by acting as a resource for organizations dedicated to the promotion of maternal and child health, and by participating on Department of Health Services Advisory Boards and Task Forces. CWA seeks inclusion and partnership beyond the traditional WIC network, including other service providers, businesses and corporations, vendors, and the general public.

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